

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.	IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT				
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TOTAL DEP.	19	↓	↓	↓	↓			
TOTAL CLAIMS	23							

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TOTAL IND.		↓	↓	↓	↓			
TOTAL DEP.		↓	↓	↓	↓			
TOTAL CLAIMS								